

## Retail Food Establishment Inspection Report

## Floyd County Health Department Telephone:812-948-4726

X060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name  Telephone Number  Date of Inspection  PERMIT #						
				Telephone Number	Date of In (mm/dd/y	
Establishment Address (number and street, city, state, zip code)				4	ريزه ا	19-193
154 E. Main St. New Albay, IN 47158				582 786 7419	9/16	717   1.1-117
Owner	Morin	<u>5r-</u>	Now Mondilly 1100	Purpose:	Follow-u	p Release Date
- 11				Routine	No	10 days
Owner's Address  Owner's Address				2. Follow-up	<del>-</del>	of Violations:
				3. Complaint	Summary	OI VIOIATIONS:
Person in C				4. Pre-Operational	(م ہ ا	$_{\rm NC}$ $_{\rm R}$ $_{\rm I}$
Liz Martino				5. Temporary		N I
Responsibl		E-ma	ı ı	6. HACCP	Мепи Ту	pe (See back of page)
					,	
Certified F		_	1-1-1-2	7. Other (list)	12	345
Elizaboth Matina (8/16/23)						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
/74	MC	<u> </u>	Observed unlahaled gallen bags of bulk	staples		Today
324	746		Observed the fullwing alumbing issues	medina repaired:		1 week
	<b> </b> • •	R	Observed the fullwing plumbing issues  The right middle sink with broke  The Hoses at 3-comp sink 10" few lo	hall I would		1
<u> </u>	<b></b>	`	2) 11 1 7- 00 1 1 1 1 1	1 maraic / Insporation		
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Received by (name and title printed):  Inspected by (name and title printed):						
(EHS)						
Received by	(signature	)		Inspected by (signature):		
Elisabeth Martino				ai		
cc:			сс:	<u> </u>	cc:	